



BUSINESS PRACTICES PROTECTION INSURANCE

NOTICES RELATING TO THE OPERATION OF THIS POLICY

Your Duty of Disclosure

Attention is drawn to Section 21 of the Insurance Contracts Act 1984 (Commonwealth) which provides in relation to the duty of disclosure, as follows:

Subject to this Act, an Insured has a duty to disclose to the Insurer, before the relevant contract of insurance is entered into, every matter that is known to the Insured being a matter that:

- (a) the insured knows to be a matter relevant to the decision of the insurer whether to accept the risk and, if so, on what terms; or
- (b) a reasonable person in the circumstances could be expected to know to be a matter so relevant, having regard to factors including, but not limited to:
 - (i) the nature and extent of the insurance cover to be provided under the relevant contract of insurance; and
 - (ii) the class of persons who would ordinarily be expected to apply for insurance cover of that kind.

The duty of disclosure does not require the disclosure of a matter:

- (a) that diminishes the risk;
- (b) that is of common knowledge;
- (c) that the insurer knows or in the ordinary course of the insurer's business as an insurer ought to know; or
- (d) as to which compliance with the duty of disclosure is waived by the insurer.

Where a person:

- (a) failed to answer; or
- (b) gave an obviously incomplete or irrelevant answer to;

a question included in a proposal form about a matter, the insurer shall be deemed to have waived compliance with the duty of disclosure in relation to the matter.

Attention is also drawn to Section 40 of the Insurance Contracts Act 1984 (Commonwealth).

Section 40 - Certain contracts of liability insurance

This section applies in relation to a contract of liability insurance the effect of which is that the Insurer's liability is excluded or limited by reason that notice of a Claim against the Insured in respect of a loss suffered by some other person is not given to the Insurer before the expiration of the Period of the Insurance cover provided by the contract.

The Insurer shall, before the contract is entered into:

- clearly inform the Insured in writing of the effect of subsection (3); and
- if the contract does not provide insurance cover in relation to events that occurred before the contract was entered into, clearly inform the Insured in writing that the contract does not provide such cover.

Where the Insured gave notice in writing to the Insurer of facts that might give rise to a Claim against the Insured as soon as was reasonably practicable after the Insured became aware of those facts but before the insurance cover provided by the contract expired, the Insurer is not relieved of liability under the contract in respect of the Claim, when made, by reason only that it was made after the expiration of the Period of the Insurance cover provided by the contract.

The Insurer advises the Insured that the effect of the Insured providing notice in writing to the Insurer pursuant to Section 40(3), is that cover under the policy may be available in circumstances where it might otherwise not be available.

The terms and conditions of the Policy provide that, if a Claim is made against the Insured or any notice of an intention to make a Claim against the Insured is received or circumstances come to the attention of the Insured which are likely to cause a Claim to be made against the Insured or which the Insured should reasonably expect to cause a Claim to be made against the Insured during the term of this Policy, then the Insured must immediately notify the Underwriters thereof. This notification must be given during the term of the Policy for the Policy to apply.

The time of happening of the acts or circumstances which give rise to a Claim or a possible Claim is not of relevance provided they occur after the Retroactive Date stated on the Policy Schedule and the relevant Limit of Liability is adequate. The obligation of the Insured under the Policy is to communicate to the Insurers during the Period of Insurance a Claim, notice of a possible Claim or circumstances or act which comes to the attention of the Insured and which may give rise to a Claim or which the Insured should reasonably expect may give rise to a Claim as soon as is

reasonably possible after such is made, received or has come to the attention of the Insured.

Upon expiry of the Policy no further Claims can be made thereunder.

Specialist Underwriting Agencies Pty Ltd (ABN 18 010 862 745) give notice that this Policy will be issued under an authority given to Specialist Underwriting Agencies Pty Ltd by Berkley Insurance Australia ABN 53 126 559 706 ("Berkley"). Furthermore Specialist Underwriting Agencies Pty Ltd will be acting as agent of Berkley and not as an agent for the Insured.

Privacy Statement and authority

Protecting your privacy

We are committed to protecting your privacy and the privacy of any personal information provided to us. We comply with the Australian Privacy Principles set out in the Privacy Act 1988. A full version of our Privacy Policy is available (see the link below) which sets out details about how we manage and what we do with your personal information. In summary:

What personal information will we collect and why do we need it?

We may need to collect personal information from you so that we can provide you with the insurance services you are seeking from us.

How do we collect the personal information?

Information is primarily collected through brokers or directly from you. It might also be collected on occasion in person by investigators or to the officers or service providers of ours, in writing, by telephone and by other electronic communication channels.

We may need to obtain personal information from others to ensure that we are fully informed in relation to the issues that we need to address with regard to your insurance and any claim that you may make.

Who will see or have access to your personal information?

Unless we are required to provide your personal information to others by law, by court order or to administer or investigate an application for insurance or a claim, your information will only be seen or used by persons working within the Specialist Underwriting Agencies group of companies.

Security of Information

Our information systems and files are kept secured from unauthorised access and our staff and contracted agents and service providers have been informed of the importance we place on protecting your privacy and their role in helping us to do so. Information will be stored and disposed of in a secure environment, which may only be accessed by authorised personnel.

What if I want to check what personal information you hold about me?

We are happy to advise you what personal information we hold about you and share this information with you. This will be the case unless there is a relevant exception under the Privacy Act 1998 that applies.

Can I correct the information?

If you believe there are errors in our records about you, please let us know and we will be happy to investigate and correct any inaccuracies.

Cookies

Our website may use cookies to provide a better browsing experience. If you prefer not to have cookies collected, you can disable this option in your browser settings.

Direct Marketing

Apart from notifying you of our service offerings, we do not, without your consent, sell, rent, license or otherwise disclose your information to any party for the purposes of direct marketing.

Cross Border Storage

In order for us to provide our services, we may receive and share personal information with the Specialist Underwriting Agencies group of companies, third parties and we may also store that information on servers that are not in Australia. We will ensure that any party with whom we share personal information overseas will be required to comply with the Privacy Act 1988.

Further information

If you would like further information, please review our full Privacy Policy or if you have any complaints or concerns over the protection of the information you have given to us or that we have collected from others, contact the privacy officer at:

Specialist Underwriting Agencies Pty Ltd
255 Sandgate Road
Albion QLD 4010
Ph: 07 3624 9419
Fax: 07 3624 9433
Email: info@sua.com.au.



BUSINESS PRACTICES PROTECTION PROPOSAL

TRANSPORT INDUSTRY

GENERAL INFORMATION

1. What is to be identified in the Schedule as the **Named Organisation**, including all subsidiary and controlled entities for which cover is required:

2. What is the **Occupation** of the Named Organisation

3. Where is the **Principal Address** of the Named Organisation:

4. Please provide the **actual number of employees** (not full-time equivalent) and other personnel of the Named Organisation:

Employment Category	Split by Location								
	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	NZ
Board members, Directors, Partners & Exec Officers									
Full Time Employees (excluding above)									
Part-time & Casual Employees									
Independent Contractors									
Voluntary Workers (incl Work Experience)									

5. Please advise the following for the **last 12 months**: **Turnover/Revenue** \$ _____ **Contractor Payments** \$ _____

“Contractor payments” means any payments made to third party contractors and/or sub-contractors

6. Does the Named Organisation:

- Comply with all **statutory requirements** concerning its employees? Yes ☐ No ☐
- **Post all notices** that are required by law in places conspicuous to all employees? Yes ☐ No ☐

7. Does the Named Organisation purchase:

- (a) Directors & Officers Liability (D&O)? Yes ☐ No ☐
- (b) General Liability? Yes ☐ No ☐
- (c) Environmental Impairment Liability? Yes ☐ No ☐

NOTE: If either of the above is purchased, where possible it will act as an underlying policy.

We would therefore request the following is **completed in its entirety** so we may ascertain if a **discount** is applicable.

Insurer	Limit of Liability	Policy No	Expiry Date
	\$		
	\$		
	\$		



SECTION 1 - STATUTORY LIABILITY

8. Has the Named Organisation undertaken a risk management review to identify its exposures in the regulatory environment it operates in? Yes ☐ No ☐
- i. If no, please provide an attachment detailing how the Named Organisation determines compliance requirements?
9. Does the Named Organisation have:
- (a) **Quality assurance** certification e.g. Trucksafe, National Heavy Vehicle Accreditation Scheme, AS 4801/ISO 45001, AS/ISO 14001 etc? Yes ☐ No ☐
- i. If yes, please advise which certification: _____
- (b) A **workplace health & safety manager**, department or co-ordinator? Yes ☐ No ☐
- a. If no, who is responsible for health & safety in the workplace? _____
- (c) A manual or written procedures concerning **workplace health & safety**? Yes ☐ No ☐
- a. If no, please provide an attachment detailing how the Named Organisation complies with its duty under the Act.
- (d) A manual or written procedures concerning **Heavy Vehicle National Law**, including fatigue management; mass, dimension & loading? Yes ☐ No ☐
- a. If no, please provide an attachment detailing how the Named Organisation complies with its duty under the Act.
- (e) Operations outside a **radius of 750km**? Yes ☐ No ☐
- a. If yes, please advise the percent of income derived: _____%
- (f) Operations that include the cartage of **Dangerous Goods**? Yes ☐ No ☐
- a. If yes, please advise the percent of income derived: _____%
- (g) A manual or written procedures concerning **protection of the environment**? Yes ☐ No ☐
- (h) A manual or written procedures concerning **Spam** and **Privacy** Acts? Yes ☐ No ☐
- (i) Manuals and/or written procedures regarding compliance with all other Acts of Parliament that govern the Occupation? Yes ☐ No ☐
- a. If no, please provide an attachment detailing how the Named Organisation complies with its duties/requirements under the relevant Acts that govern the Occupation.
- (j) All manuals regularly **audited** by external consultants to ensure compliance with the relevant Acts of Parliament? Yes ☐ No ☐
- a. When was the last audit conducted? _____
- (k) Records that show all employees have been provided training in accordance with all procedures/manuals? Yes ☐ No ☐
- a. When was the most recent recorded training conducted? _____

NOTE: It is a requirement of cover that the Named Organisation has adequate systems and procedures in place to ensure compliance with regulatory requirements.

10. In the **last five years**, and **after specific enquiry** of the Named Organisation, management and Employees, has any proposed Insured had any of the following:
- (a) A **Notifiable Incident** under any WHS legislation or any other incident that required **mandatory reporting** to any Regulatory Authority under any Act of Parliament? Yes ☐ No ☐
- (b) A **penalty or enforceable undertaking** imposed by Federal, State, Local Government or Regulatory Authority? Yes ☐ No ☐
- (c) A **request, notice, direction or letter** from any Regulatory Authority, including but not limited to any government transport authority, Workplace Health & Safety authority and/or Environmental Protection authority to provide or produce any information, records or documentation? Yes ☐ No ☐
- (d) An **audit** by any Regulatory Authority, including but not limited to any government transport authority, workplace health & safety authority and/or environmental protection authority? Yes ☐ No ☐
- (e) Attendance at any hearing, inquiry, prosecution or other commission? Yes ☐ No ☐

If any of the above has been answered YES, please provide comprehensive details of the circumstances below, or attach with this completed form. **NOTE:** If knowledge or information exists, any Claim arising from this is excluded from the proposed insurance



SECTION 2 – EMPLOYMENT PRACTICES LIABILITY

11. For the preceding 12 months, please advise the **number of directors, Officers and/or Employees** that had their employment terminated by the employer: _____
12. Please advise the **number of directors, Officers and/or Employees** that are earning over the **High Income Threshold** (as defined by the Fair Work Commission): _____
13. Are there currently any Employees being performance managed? Yes ☐ No ☐
14. Is the Named Organisation planning any terminations, redundancies or restructures in the next 12 months? Yes ☐ No ☐
15. Does the Named Organisation:
- (a) Have an **employee handbook** incorporating an employee code of conduct? Yes ☐ No ☐
 - (b) Have procedures for filing complaints/grievances? Yes ☐ No ☐
 - (c) Have anti-harassment/anti-bullying/anti-discrimination policies? Yes ☐ No ☐
 - (d) Provide **training** to all Employees in accordance with the above policies, procedures and code of conduct? Yes ☐ No ☐
 - (e) Require dismissals to be **reviewed** by **external** solicitors? Yes ☐ No ☐
 - a. If yes, please advise which firm: _____
 - (f) Periodically have its employment policies, procedures, and forms **reviewed** by **external solicitors**? Yes ☐ No ☐
 - a. When was the last review conducted? _____
 - b. If a review was conducted, were all recommendation from the review complied with? Yes ☐ No ☐
 - (g) Have procedures in place to ensure compliance with correct payment of **wages and entitlements**? Yes ☐ No ☐
 - (h) Have a **human resource** manager or department? *If not, who handles this function?* Yes ☐ No ☐
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16. In the last **five years**, has any proposed Insured had any **Employment Practice Breach** issues, including allegations or complaints of an Employment Practice Breach, or compulsory attendance at a Fair Work conciliation, hearing, inquiry, prosecution or other commission? Yes ☐ No ☐

If this has been answered YES, please provide comprehensive details of the circumstances below, or attach with this completed form.

NOTE: If knowledge or information exists, any Claim arising from this is excluded from the proposed insurance



SECTIONS 3 & 4 – DIRECTORS & OFFICERS LIABILITY AND ORGANISATION LIABILITY

17. Does the Named Organisation have a **surplus** of Assets over Liabilities? Yes ☐ No ☐
18. Is the Named Organisation **trading profitably** and able to **meet its debts** as and when they fall due? Yes ☐ No ☐
19. Are the Named Organisation's Financial Statements **audited to AASB (Aust Accounting Standards Board)** standards? Yes ☐ No ☐
- If yes**, does the Auditor's statement contain a Qualification? **If so, please attach a copy.** Yes ☐ No ☐
20. Does the Named Organisation:
- (a) Have a dedicated **Audit Committee**? Yes ☐ No ☐
 - (b) Have a dedicated **Compliance Manager and/or Committee**? Yes ☐ No ☐
 - (c) Have a dedicated **Financial Controller**? Yes ☐ No ☐
21. Have any of the Named Organisation's Executive Officers completed an **Aust Institute of Company Directors' course**? Yes ☐ No ☐
22. In the past 3 years, has the Named Organisation been involved in any **merger**? Yes ☐ No ☐
23. Is any **acquisition, takeover or divesture** being considered at the moment? Yes ☐ No ☐

If any of the above has been answered YES, please provide comprehensive details of the circumstance/s below. If there is insufficient space, please provide an attachment.

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24. After specific enquiry of management and staff, is the Named Organisation aware or have knowledge or information of:
- (a) Any Claim made against any person party to this Insurance in their capacity as a director/Officer or person of responsibility? Yes ☐ No ☐
 - (b) Any act, error or omission that may give or have given rise to a Claim under the Directors & Officers Liability section? Yes ☐ No ☐

If any of the above has been answered YES, please provide comprehensive details of the circumstances. If there is insufficient space, please provide an attachment.

NOTE: If knowledge or information exists, any Claim arising from this is excluded from the proposed insurance



OPTIONAL EXTENSIONS

TAXATION AUDIT/FIDELITY GUARANTEE

25. According to the most recent financials, does the Named Organisation place a value on its brand and/or trademarks as an intangible asset on the balance sheet? Yes ☐ No ☐

If **yes**, to what value? \$ _____

26. In the last 5 years, has the Named Organisation been the subject of a **Taxation Audit** by the Australian Tax Office? Yes ☐ No ☐

If **yes**, please provide details:

27. Is the Named Organisation, and any Director, officer, Board Member and/or Partner aware of any claim or loss to the Named Organisation attributable to the fraud or dishonesty of any Employee of the Named Organisation? Yes ☐ No ☐

If **yes**, please provide details:

28. Does the Named Organisation:

- | | |
|--|--|
| (a) Conduct internal stock and/or contents audits at least once every 6 months? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (b) Conduct reconciliations on bank accounts at least once every month? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (c) Require all transactions to be countersigned? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (d) Ensure clients' funds are held in properly designated clients' trust accounts separate from the Named Organisation's working accounts? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If any of the above has been answered NO, please provide comprehensive details of the circumstances. If there is insufficient space, please provide an attachment.

NOTE: If knowledge or information exists, any Claim arising from this is excluded from the proposed insurance

DECLARATION

It is important that the Named Organisation and all Subsidiaries/Controlled Entities thereof, and the authorised director/Officer signing this declaration on their behalf, are fully aware of the scope of this insurance so that these questions can be answered correctly. If in doubt, please contact your broker as non-disclosure may affect an Insured's and/or the Named Organisation's right of recovery under the insurance or lead to avoidance.

I, the undersigned, being a director/executive and/or Officer of the Named Organisation, hereby declare that:

- I am authorised to complete this Proposal on behalf of the Named Organisation as noted on the Proposal
- All answers to the questions contained in this Proposal are, after enquiry, true to the best of my knowledge & belief; and
- I have read and understood the notices within this Proposal; and
- I understand that submission of this Proposal does not bind either the Insurer or the Named Organisation or any subsidiary companies/controlled entities thereof, to enter into a binding contract of insurance.

Signed: _____

Dated _____

Capacity/Title: _____